

Return to:

INDIANA STATE BOARD OF ANIMAL HEALTH 805 Beachway Drive, Suite 50 Indianapolis, Indiana 46224-7785

[1,,						
Name of individual	Name of bi	usiness / farm (if applicable)					
Name as it should appear on the certificate:	'						
Address of business / farm (street, city, state, ZIP code)		County	Telephone number				
Mailing address (if different)		County	Telephone number				
Amount enclosed (see instructions) \$		☐ New application	on .				
Check number		Renewal (if a	Renewal (if a renewal, skip to signature)				
NOTE: BRANDS ARE NOT RECORDABLE ON THE HEAD OR NECK AREA OF LIVESTOCK OR ON THE RIBS OF HORSES. (See instructions)							
(LEFT SIDE)	EARS L R	(RIGH	T SIDE)				
(RIGH	IT SIDE)	J.	(RIGHT SIDE)				
Draw your first choice on livestock above and on the attached sketch form, and write the name of the brand as you read it here:							
SECOND CHOICE:							
Draw your second choice in the space above and write the name of the bra	and as you read it here:						
	NOTARY CERTIFICAT	ΓE					
STATE OF							
COUNTY OF	SS:						
The undersigned, being duly sworn upon his oath, states or affir to make this affidavit) and that he has read the foregoing stater will comply with all laws and regulations of the Board of Animal	mants and that to the be	st of his knowledge and belief	entative of the applicant herein named, they are true and correct and that he				
Signature of applicant	Date signed (mo., day, yr.)	Signature of Notary Public					
Signature of applicant's representative	Date signed (mo., day, yr.)	Printed or typed name of Notary	Public				
Date subscribed and sworn to (Notary Public)		County of residence	Date commission expires				

Please	Please draw an exact size facsimile of your proposed brand below. The squares on the sketch form are 1-inch.							
livestock to be branded								